

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/720437		FILING DATE					
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.			
1	1		1				51							
2		1		1			52							
3		2		1			53							
4		0		1			54							
5		0		1			55							
6		0		1			56							
7		1		1			57							
8		1		1			58							
9		1		1			59							
10		1		1			60							
11		4		4			61							
12		0	Canceled				62							
13		4		1			63							
14		0		1			64							
15		0		1			65							
16		0		1			66							
17	1						67							
18		1								68				
19		2								69				
20		0								70				
21		0								71				
22		0								72				
23	1									73				
24	1									74				
25		1								75				
26		2								76				
27		0				77								
28		0				78								
29		0				79								
30		1				80								
31		1				81								
32		1				82								
33		0				83								
34		0				84								
35		1				85								
36						86								
37						87								
38						88								
39						89								
40						90								
41						91								
42						92								
43						93								
44						94								
45						95								
46						96								
47						97								
48						98								
49						99								
50						100								
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓			
TOTAL DEP.		⇐	17	⇐		⇐	TOTAL DEP.		⇐		⇐			
TOTAL CLAIMS			18				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS